Royal College of Physicians calls for new services to improve out of hours acute care

Susan Mayor LONDON

People who are acutely ill out of hours should have easy access to a wider range of innovative medical services in the community to improve their care and reduce unnecessary hospital visits, a report by the Royal College of Physicians recommends.

The report, *Acute Medical Care: The Right Person, in the Right Setting, First Time*, argues that current out of hours care is generally inadequate and inflexible, so patients with acute illness go to hospitals because there is no alternative. It recommends that provision of acute, unscheduled medical care in the community should expand with a range of different levels of emergency care, offering extended opening times and direct access to competent staff.

New options might include urgent care centres in the community; rapid access medical outpatient clinics; and specialist outreach services from hospitals for acute deterioration of long term illness. These services must be evidence based, and the professionals delivering them must have the same competencies in acute medical care as hospital providers, it says.

Competent decision making requires diagnostic support, says the report, which calls for improved availability of these services. The task force that developed the recommendations, based on a review of available evidence, wants to replace "see and greet"—in which services provide an initial assessment before referring on—with "see and treat"—providing accurate assessment and delivery of treatment at the first contact.

The task force wants to replace "see and greet" with "see and treat"

Bryan Williams, professor of medicine at the University of Leicester, and chairman of the task force, said, "Getting it right for acute medical care needs changes in the way care is organised to get the most and the best out of staff and local resources and to provide fast and efficient care for patients. It needs changes in the way we work as professionals across the board, to provide wider and more flexible access to clinical decision makers."

Big acute hospitals that serve local regions should provide the most intensive level of emergency and complex acute medical care in each area. They should have emergency departments located close to acute medical and critical care units, ideally as part of an emergency floor.

To ensure that people are aware of the range of services, the report recommends developing local navigation hubs, each with a single, well publicised access telephone number distinct from 999, the emergency services number.

The report, *Acute Medical Care: The Right Person, in the Right Setting, First Time*, is available from the Royal College of Physicians, London NW1 4LE, priced £12.

Nurses should be allowed to make resuscitation decisions

Caroline White LONDON

Suitably qualified nurses should be allowed to decide whether to begin resuscitation after cardiac arrest, says new UK guidance on decisions relating to cardiopulmonary resuscitation.

To date, only consultants and family doctors have been able to make these decisions.

The guidance, which has been issued jointly by the BMA, the Royal College of Nursing, and the Resuscitation Council, updates previous guidelines issued in 2001.

It aims to clarify lingering uncertainties about when and for whom the procedure is suitable, and to pinpoint the key legal and ethical issues that should inform every decision.

These include when patients lack the mental capacity to make their own decisions or when they have made an advance decision to refuse the procedure.

Every decision should be taken based on an individual assessment of each patient's case, and if the procedure is unlikely to resuscitate the patient it should not be attempted, the guidance recommends.

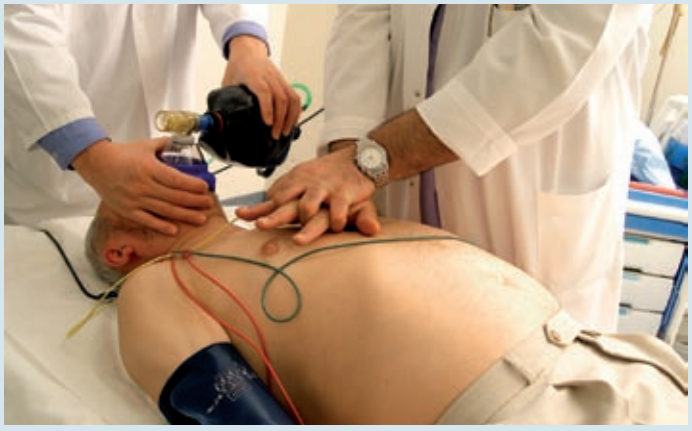
It also emphasises the importance of good record keeping and effectively communicating decisions with members of the healthcare team and with patients.

And healthcare professionals should tell patients and their families the truth about the effectiveness of resuscitation, says the guidance.

Despite its portrayal in television medical dramas as a successful life saving technique, only 15-20% of hospital patients who are resuscitated after cardiorespiratory arrest survive to discharge. This falls to 5-10% for people who undergo arrest outside hospital.

And the risks of accompanying internal fractures are high.

For *Decisions Relating to Cardiopulmonary Resuscitation* see www.bma.org.uk/ethics, www.resus.org.uk, and www.rcn.org.uk.



AJ PHOTO/SPL

Doctors perform cardiopulmonary resuscitation

IN BRIEF

Cervical cancer vaccine gets go ahead in UK: From September 2008 schoolgirls in the UK aged 12 to 13 will be routinely vaccinated against human papillomavirus in a bid to prevent 400 deaths from cervical cancer each year, the Department of Health has announced. A two year "catch up" campaign will follow for girls aged up to 18. But the cervical screening programme will continue.

BMA condemns proposed plans for regulation: The BMA has said it is "dismayed" at plans by the General Medical Council to change the criminal standard of proof (beyond reasonable doubt) to the civil one (the balance of probabilities) in cases of doctors' fitness to practise. The switch would lead to "an unhealthy climate of fear," with doctors less willing to try new procedures, said doctors' leaders.

Surge in hair straightener burns: An "alarming rise" in admissions to the Welsh Centre for Burns and Plastic Surgery for burns has been caused by hair straighteners. Thirty one cases have occurred over 32 months. Most cases (29) were in children whose average age was 4. Children and crawling babies are at particular risk, say the authors (*Burns* 2007 Oct 18 doi: 10.1016/j.burns.2007.07.013).

Obesity costs more in Japan: Monthly medical costs for people with a body mass index greater than 25 are €155 (£110; $220), compared with €134 for people with an index of 18.5 to 25.0, a 10 year study of 4500 adults aged 40 to 69 in Japan has found (*European Journal of Public Health* 2007;17:424-9).

Sudan loses polio free status: Sudan has launched an emergency immunisation programme after the discovery of polio in Darfur. Last August's campaign failed because of a lack of security in the region. The failure of peace talks last week and the recent announcement by Osama bin Laden of a jihad against international peacekeepers have sparked fears that outreach may remain severely constrained.

Use of rosiglitazone restricted: The US Veterans Administration has removed the diabetes drug rosiglitazone (Avandia) from its list of approved drugs, amid fears about its safety. The organisation issued almost 1.4 million prescriptions for the drug to 161 000 patients between August 2006 and September 2007, reported the *New York Times* (www.nytimes.com, 18 Oct, "VA is limiting use of diabetes drug").

Prison inspector's report slates mental health provision

Anne Gulland LONDON

Mental health care in prisons has improved but there are still too many gaps in provision and demand for mental health services will continue to outstrip the capacity of the NHS to meet the need, a report from the chief inspector of prisons has found.

The report, by Anne Owers, found that since the Department of Health took over responsibility for the provision of health care in prisons in 2003 "the quality and extent of treatment available to mentally ill prisoners" has improved. However, two findings "stand out starkly from this report."

Ms Owers said, "The first is that there are still too many gaps in provision and too much unmet and sometimes unrecognised need in prisons. The second, equally important, is that the need will always remain greater than the capacity, unless mental health and community services outside prison are improved and people are appropriately directed to them: before . . . and after custody."

GPs working in prison were often doing so in isolation

Although she praises the efforts of NHS staff and the mental health in-reach teams that "rode to the rescue of embattled prison staff" she says "this infusion of skilled personnel" has established "beyond doubt not only the scale but also the complexity of the need."

The report found that GPs working in prison were often doing so in isolation, with little or no specialist training. It found that relationships with mental health in-reach teams were good, but GPs had little contact with community based psychiatrists.

GPs interviewed in the study called for a better understanding of the link between substance misuse and depression and the need for psychological support for patients withdrawing from alcohol. They also warned of a lack of access to talking therapies and a reliance on drugs.

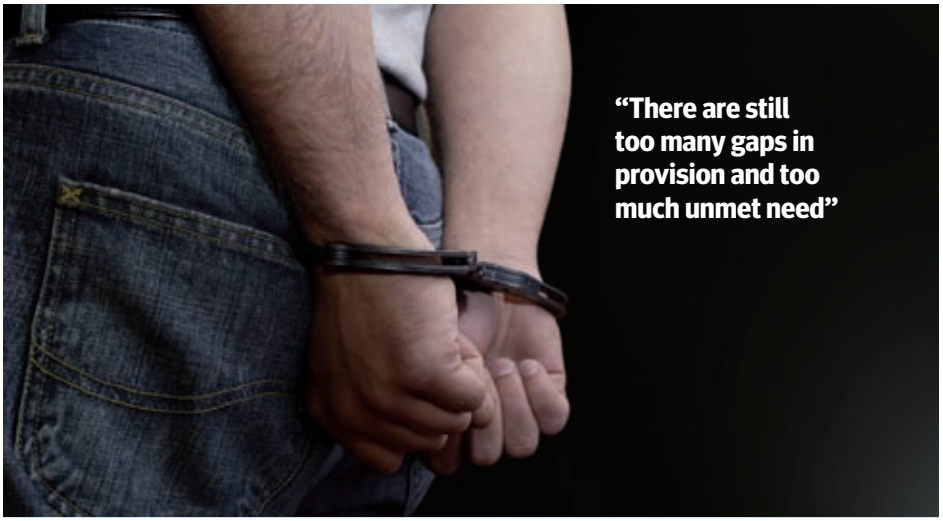
The report also found a gap in the provision of care to prisoners with less severe mental health problems.

This assessment was backed up by Redmond Walsh, a London based prison doctor and member of the BMA's civil and public services committee.

"The biggest number of people [with less severe mental health problems] are those who self harm, have a personality disorder, or are substance misusers. They create the most amount of pressure for healthcare staff, and there is no integrated approach on how we deal with them," he said.

The report called for prison services to make more use of court diversion and liaison schemes, which divert prisoners to mental health units if necessary. Only two out of the 23 primary care trusts questioned were aware of such schemes, despite the fact that a 2002 study established that diversion from court to hospital was successful (www.homeoffice.gov.uk/rds/pdfs2/occ79outcome.pdf).

The Mental Health of Prisoners is available at http://inspectorates.homeoffice.gov.uk/hmiprisons.



"There are still too many gaps in provision and too much unmet need"

PA

Health minister Dawn Primarolo refused to discuss her personal views

No evidence backs reduction in abortion time limit, minister says

Adrian O'Dowd MARGATE

No medical evidence indicates that the limit of 24 weeks for abortions in the United Kingdom should be reduced, according to a government minister.

The health minister Dawn Primarolo defended the existing time limit in UK law when she gave evidence to the House of Commons science and technology committee last week, as part of its inquiry into whether abortion laws in England and Wales need to be updated.

"The Department of Health's view and the advice to me is . . . that the act works as intended and doesn't require further amendment at the present time," Ms Primarolo told the committee's MPs. She said this was why there were no proposals from the government to amend the act.

The minister said that most abortions (89%) took place in the first trimester and that 11% of babies born at 23 weeks survive, while the viability is 1% at 22 weeks and zero at 21 weeks.

"In this very complex area with regards to time and viability, we are following the medical consensus, and that consensus still indicates that while improvements have been made in care, at the moment that concept of viability cannot constantly be pushed back in weeks," she said.

Nadine Dorries, committee member and Conservative MP for Mid-Bedfordshire, said, "You are on the record as saying you are committed to the liberalisation of the abortion law. Do you think that given your opinion that you are the right minister for the job and maybe somebody with a fairer viewpoint on this issue should be in your place?"

Ms Primarolo replied, "I am not here to discuss my personal views. I'm here as the minister to answer the questions the committee puts to me about the information the department has."

US Congress asked to suspend funding for Planned Parenthood

Janice Hopkins Tanne NEW YORK

Antiabortion activists have asked the US Congress to suspend the $300m (£150m; €210m) federal funding granted to Planned Parenthood until a case against the organisation in Kansas is settled.

Planned Parenthood, a non-profit making organisation, is the largest provider of family planning and reproductive health services, including abortions, in the United States.

But Phill Kline, an antiabortion Republican, has filed 107 charges against Planned Parenthood of Kansas and Mid-Missouri, which provides services to Kansas and parts of the neighbouring state of Missouri.

Mr Kline, who was voted out of office as Kansas state attorney general, is now district attorney for Johnson County, Kansas.

He claims that the Planned Parenthood Clinic in Overland Park, a suburb of Kansas City, performed late term abortions without determining whether the fetus could survive outside the womb. He also charges the clinic with supplying false information, unlawful failure to maintain records, and unlawful failure to determine viability for a late term abortion.

Planned Parenthood denies performing any abortions beyond 22 weeks of pregnancy.

Roger Evans, its senior director for public policy, litigation, and law, told the *BMJ* that the charges were unclear. It would take 30 or 40 days for the organisation to get all the details of the complaints, he added. The next hearing in the case is set for 16 November.

Mr Evans said that Mr Kline had used his previous office to try to eliminate or reduce access to abortion. While Kansas's attorney general, he had requested clinic records from Planned Parenthood.

GP who benefited from patient's will failed to disclose details

Owen Dyer LONDON

A GP who signed a patient's cremation documents without disclosing that he was a beneficiary in her will was last week suspended for 10 months by the UK General Medical Council.

Alan Howlett of the Fremington Medical Centre in Barnstaple, Devon, stated on form B of an Application for Cremation that he had no pecuniary interest in the death of his 91 year old patient, named only as Mrs A. In fact he already knew that she had bequeathed him a share of her estate.

He had become friendly with Mrs A when attending to her husband at the time of his death. He learnt that he had been included in Mrs A's will, he told the panel, in March 2006, four months before she died. But he did not inform his colleagues until after her death.

Upon learning of the omission in the cremation documents, his practice colleagues informed the North Devon Primary Care Trust, and Dr Howlett was cautioned by police in November 2006 for willfully making a false statement with a view to the burning of human remains contrary to the Cremation Act of 1908.

Dr Howlett told the GMC's fitness to practise panel, "I knew what I was doing was wrong, but I was doing it to fulfil the wish of my patient that she would not have to undergo a postmortem [examination]."

London trusts overhaul primary care without consultation

Caroline White LONDON

Primary care trusts have already started implementing radical proposals for overhauling London's health services, despite the fact that these have not been put out to formal consultation, family doctors have claimed.

The capital's strategic health authority, NHS London, recommended Ara Darzi's proposals to each of the city's 31 primary care trusts (PCTs) in August to give them time to work out the logistics of formal consultation (*BMJ* 2007;335:61).

That process starts this month and runs until February. There will be further consultation on local plans.

But at a meeting organised last week by the BMA's London Regional Council to discuss the proposals, several GPs, and a Pensioners Forum representative, claimed that their trusts had already started the ball rolling.

These included earmarking buildings and land for polyclinics or supersurgeries, one of the most hotly debated of the six suggested models of healthcare delivery.

Concerns were also raised that trusts were continuing to press ahead with service cuts and reconfigurations before the outcome of discussions on the proposals was known.

NILS JORGENSEN/REX

Professor Darzi

"Every PCT is already looking at where their polyclinics are to be located," said Chaand Nagpaul, a negotiator on the BMA's General Practitioners Committee, adding that this was distracting them from patient care.

Bill Gillespie of NHS London reassured delegates that trusts would have to consult widely.

"But that's not the reality on the ground," said Dr Nagpaul. "Perhaps there is some work to be done telling the PCTs who are implementing already."

John Lister, information director for the pressure group London Health Emergency, said Professor Darzi's calculations were based on very big assumptions and contained "dodgy numbers" and "few hard facts."

"[They] aim to save £1.5bn [€2bn; $3bn] a year, but what about the costs of reorganisation?" added Dr Nagpaul.

Views on the proposals can be submitted to hfl@London.nhs.uk.

Striking medics in Gaza decide to return

IBRAHEEM ABU MUSTAFA/REUTERS

Palestinian patients wait for doctors at the Gaza-European hospital

Watchdog could close hospitals in a day to tackle infections

Helen Mooney LONDON

A new health watchdog could have the power to close English hospitals in 24 hours to fight against infections acquired in healthcare settings, the Department of Health has announced.

The Care Quality Commission will be able to shut down wards and hospitals; carry out inspections; and fine underperforming healthcare providers. The government will also give the regulator new powers that cover private hospitals and healthcare providers.

"Tackling infection remains a challenge for the NHS"

The health secretary, Alan Johnson, said, "Despite progress, tackling infection remains a challenge for the NHS. I am determined that we will take action where necessary to safeguard patients and ensure staff feel able to report concerns."

Mr Johnson said that the regulator would be given "tougher powers" to inspect and close wards if necessary.

"NHS staff, such as matrons, nurses, and porters, who spend every day on the wards, need to feel able to report concerns to the new regulator," he added.

Many of the new regulator's powers are already available to the existing regulators, but the government hopes tougher action will be taken by merging the responsibilities into one body.

The Care Quality Commission replaces the Commission for Social Care Inspection, the Healthcare Commission, and the Mental Health Act Commission.

The proposals are included in the Department of Health's response to a consultation launched in November 2006.

The regulatory framework is to be outlined in a health and social care bill, which will be introduced to parliament later this year.

However, Hamish Meldrum, chairman of the BMA, criticised the hasty abolition of the Healthcare Commission: "While we recognise some of the arguments for rationalising the process of regulation, the BMA is concerned that, only a few years after the Healthcare Commission was set up, it is about to be abolished to make way for yet another, new regulatory body.

"The NHS has been suffering from too much reorganisation and it appears that as soon as doctors and managers start getting used to one system, it's all change."

Gill Morgan, chief executive of the NHS Confederation, warned that the new regulator must not signal a "year zero" approach that discards what has gone before.

to work in goodwill gesture after talks with Hamas

Merav Sarig JERUSALEM

A month long strike by doctors in Gaza, as political factions struggle for control, came to an end last week. The move was billed as a gesture of goodwill at the end of the Muslim religious period Ramadan.

The strike began because those who were supporters of the ousted Fatah government lost their jobs under the Hamas government, which took over the Gaza Strip from Fatah in June. The new government appointed Bassem Naim as minister of health. He fired the directors of Gaza's main hospitals, who were identified with Fatah, as well as many doctors and medical personnel. They were replaced with people who identified with Hamas.

Among those who lost their jobs was Jomaa Alsaqqa, deputy director of Shifa Hospital, who had worked as a surgeon at Shifa for 20 years. "I was fired only because I support Fatah," Dr Alsaqqa says. In the past few months he has, he says, been arrested and beaten by Hamas three times.

"After I was dismissed they threatened to kill me, to shoot me, if I entered the hospital again." According to Dr Alsaqqa, about 600 doctors were "fired or pushed out of their jobs."

Mahmoud Daher, the World Health Organization representative in Gaza, said that the doctors went on strike in protest at these measures. "The doctors cut their work day in the public hospitals to just three hours a day," he said.

Mr Daher denied that the strike began with a direct order from the chairman of the Palestinian Authority and Fatah leader, Mahmoud Abbas (Abu Mazen), who retains control in the West Bank, and who pays the doctors' salaries from Ramallah.

"Perhaps an indirect order was given, but it was the doctors' organisations that called the strike," Mr Daher said. Nevertheless, many doctors claimed that they were "forced" to strike, on pain of losing their salaries. Mr Daher confirmed that "the salaries of over one thousand doctors were stopped during the striking, apparently because of opposition to the strike. On the other hand, many doctors who are identified with Hamas agreed to strike out of fear of losing their source of livelihood."

In response to the strike, Hamas accused the government of Abu Mazen of attempting to bring down its regime in Gaza and of inciting Hamas supporters to civil revolt. According to the director of the crisis unit in the health ministry of the Hamas government, Dr Medhat Abas, "the hospital managers weren't fired for political reasons: they were fired because of managerial, financial, and moral corruption in the hospitals."

In an effort to bring the strike to an end, the doctors' organisations asked Hamas to leave politics out of the health system, to stop using its armed forces against medical personnel and to reverse its dismissals and political appointments.

"Some of the demands were met," Mr Daher said.

Gaza's doctors decided to suspend their strike after 35 days, "temporarily, as a goodwill gesture for the holy month of Ramadan," Dr Alsaqqa explained.

German doctors may have to report patients who have piercings and beauty treatments

Annette Tuffs HEIDELBERG

Plans to introduce a law in Germany that would force doctors to notify a patient's health insurance company if medical treatment is for a complication of a beauty operation or piercing have been heavily criticised by doctors and welfare organisations.

Health insurance companies, the law says, would have to deny covering the entire costs for complications of such unnecessary treatments. This would save some €50m (£35m; $72m) in healthcare costs, the German health ministry says. However, its main intention is to strengthen the personal responsibility for health.

At the moment, patients have to pay the costs of medically unnecessary cosmetic treatments themselves (*BMJ* 2007;335:114). But complications are still covered by their health insurance company. Doctors usually report diagnoses to the patient's health insurance company but not the causes unless they are because of occupational disease, trauma, unintentional injury, and injuries or complications from vaccinations or malpractice.

The president of the German Medical Association, Jörg-Dietrich Hoppe, criticised the government's plan and called it an attack on doctor-patient confidentiality.

"Patients will not be able to trust their doctors any more if the doctors are trying to sound them out and blow the whistle on them to their health insurance companies," he said.

The German health ministry was surprised by the public outcry. "We are just implementing health reform," said a spokeswoman.

FABRIZIO BENSCH/REUTERS

An artist at work at last year's tattoo convention in Berlin

US Senate passes bill granting mandatory access to data

Jeanne Lenzer BOSTON

Free public access is to be made available to the results of research funded by the National Institutes of Health, the US Senate has decided.

Widespread non-compliance with an existing voluntary public access initiative has led to support for the mandatory programme. According to a government report issued in January 2006, less than 4% of articles were made publicly available in the eight month period initiation of the voluntary programme in May 2005 (http://publicaccess.nih.gov/Final_Report_20060201.pdf).

Patients and researchers stand to benefit from free access to research

The Senate passed a bill on 23 October that requires researchers who are funded by the National Institutes of Health to submit their manuscripts to the agency's National Library of Medicine for publication in PubMed within 12 months of publication in a peer reviewed journal.

Passage of the bill was urged by 26 Nobel prize winners who signed a letter to Congress stating that patients and researchers stand to benefit from free access to research supported by taxpayers, which they said "can maximise the return on our collective investment in science and . . . further the public good."

The bill will become law after reconciliation with a similar bill passed by the House of Representatives. However, the president, George Bush, has threatened to veto the bill if it exceeds certain spending limits.

Opponents of the bill included the publishers of a number of scientific and technical journals, such as Peter Banks, former publisher of the journals of the American Diabetes Association.

He said in a 2004 interview that public or "open" access would create a "parallel universe of publications" in which various versions would confuse librarians and the public (www.dclab.com/DCLTP.ASP?FN=open_access_interviews). Elsevier publishing, which has also opposed open access, did not respond to *BMJ* requests for its comment.

Heather Joseph, executive director of the Scholarly Publishing and Academic Resources Coalition (SPARC) lauded the passage of the bill. She told the *BMJ* that researchers stand to benefit because "no library can subscribe to everything," making it difficult to perform in-depth literature searches at times.

"One of the biggest places it will make a difference," she said, was for people who go to the internet and "if they can't interpret [the studies] themselves, they take the information they find to their doctors—and that can only benefit everyone."

The bill's provisions do not affect researchers who fail to, or choose not to, have their study results published in a peer reviewed journal. Neither is there provision requiring authors to share underlying data.

Beauty is truth, truth beauty

Lynn Eaton LONDON

John Keats is perhaps better known for his Romantic poetry, such as *Ode To A Grecian Urn*, than for the fact that he trained as a surgeon-apothecary at Guy's Hospital, 1815-6.

Although he chose not to pursue his career in surgery after qualifying, allegedly because he found it too gruesome, the hospital has just installed a bronze statue of him, unveiled by the Poet Laureate and Keats's biographer Andrew Motion.

Guy's and St Thomas' Charity and the Friends of Guy's Hospital joined forces to commission the work from sculptor Stuart Williamson in memory of Dr Robert Knight (1932-2005), who qualified in medicine from Guy's and worked there as a consultant physician. Dr Knight was a Keats enthusiast and lectured on the subject as well as coordinating the Keats Society at Guy's.

Health authority forced to publish PFI contract for hospital

Bryan Christie EDINBURGH

A Scottish health authority has failed to prevent details being publicly released of a private contract to build one of the United Kingdom's most expensive hospitals.

NHS Lothian has been ordered under Freedom of Information legislation to release the contract it signed with a private consortium to build and maintain the £184m (€263m; $378m) Edinburgh Royal Infirmary.

The hospital, which was opened in 2003, is one of the biggest to have been built under the private finance initiative, now known as public private partnerships. Under the initiative, the private sector builds and pays for new health facilities. In return, the NHS pays an annual charge to the private sector—often for 30 years or more.

NHS Lothian initially rejected a Freedom of Information request for a copy of the contract, claiming the information was exempt under the terms of the legislation. It said the private consortium, Consort Healthcare, considered the information to be commercially sensitive and that its release would amount to an actionable breach of confidence.

An appeal was then made to the Scottish information commissioner, who asked NHS Lothian to supply a copy of the contract and explain why its component parts should be considered exempt.

The commissioner, Kevin Dunion, sharply criticised the health board on several counts. He said that it failed to provide the full range of information at the outset and only supplied the complete documentation late into his investigation. He also said that it tried to claim a blanket exemption of confidentiality while providing "virtually no arguments to justify withholding the contract."

NHS Lothian has said it will comply with the ruling.

The full decision is at www.itspublicknowledge.info.

Agency urges researchers to use yellow card data more

Roger Dobson ABERGAVENNY

Researchers are being urged to make more use of yellow card data on reported adverse reactions to drugs in the United Kingdom.

The call from the Medicines and Healthcare Products Regulatory Agency comes after the publication of the first annual report by its independent scientific advisory committee. The committee reviews the scientific merit of proposals for using data from the card scheme and the general practice research database in research.

"The potential of the data we hold for public health research is unparalleled, and I am delighted that the launch of this first report shows that this is increasingly recognised by researchers," said Alasdair Breckenridge, chairman of the agency.

"The potential of the data we hold ... is unparalleled"

"Although general practice research database data have been available for some time, opening up access to the yellow card scheme database was a new venture."

The advisory committee was set up in 2006 to give advice on research related requests to access data from the general practice research database and yellow card scheme. The research database can provide data from anonymised longitudinal medical records in primary care, and the yellow card scheme was set up in 1964 to collect reports on suspected adverse drug reactions.

The annual report says that with increasing amounts of data being stored on databases in the UK and Europe, the importance of rigorous scientific review to safeguard data held by the agency has never been greater.

The report shows that most of the general practice research database applications (62%) were from academia, with 17% from the drug industry and 13% from government.

It also highlights reasons why applications for data from the yellow card scheme may be rejected, including research hypotheses that are not specific enough and those about reactions to drugs that are already known. It also says that commercial use of data could not be approved where it has been freely and voluntarily supplied for the public good.

But there have been critics of the yellow card system. Andrew Herxheimer, a clinical pharmacologist and former editor of the *Drug and Therapeutics Bulletin*, who now works at the international Cochrane Collaboration, said, "There is a problem in the brevity and anonymity of the data. They are keen to protect the confidentiality of the patients and the doctors, which is right and proper, but the reports are so thin, just a few sentences, and you cannot understand what is happening without going back to patient or doctor.

"The problem is that there is nowhere on the yellow card forms for the patient or doctor to say they agree to being contacted if further information is needed. It means all the data in there are blocked because you cannot get beyond them."

The report is available at www.mhra.gov.uk.

Details of the contract with Consort Healthcare for Edinburgh's Royal Infirmary must be disclosed

European Commission asked to investigate use of snus tobacco

Rory Watson BRUSSELS

Campaigners who want to relax the Europe-wide ban on snus, an oral tobacco, have succeeded in formally asking the European Commission to investigate whether its use could help people to stop smoking.

MEPs called on the commission on 24 October "to investigate the health risks associated with consumption of snus and its impact on the consumption of cigarettes" as part of a wide ranging strategy towards a smoke-free Europe.

The tobacco has been banned throughout the European Union since 1992 and is allowed only in Sweden, where it is so much a part of national culture that the government negotiated a specific exemption when the country joined the European Union.

Liz Lynn, the British Liberal Democrat MEP who led the call for the new investigation, explained, "Snus may be one of the possible ways of ensuring a smoke-free environment and help people to quit smoking. But there are still risks and it is important that the EU investigates these fully."

A founding member of the "MEPs against cancer" group in the European parliament, Mrs Lynn recently hosted a meeting to take evidence from experts on the risks of certain types of smokeless tobacco. Afterwards she said, "No one is saying that snus is in any way good for you. It may cause a variety of cancers. But it is suspected that Sweden's low cancer mortality may be connected to its use as people make the switch from cigarettes."

Her Swedish Conservative colleague, Christofer Fjellner, a confirmed snus user, argues for a complete lifting of the ban. "If you take snus, you do not have normal cancer effects. Sweden consumes about the same amount of tobacco as elsewhere in Europe, but in a different way."

The latest move comes just three weeks after British American Tobacco publicly pressed European regulators to reconsider the ban.